

pay on #0111790

# FS PAYMENT FORM

Discount Applied

☐

Vendor: Correctional Psychiatric Services Line 5

Purchase / Service Order #: ER# 0114381 PO# 1021510

Code (check one): PRC ☒ GAX ☐ INP ☐ IB ☐

| FS<br>Approval<br>Date | PM | Payment Document ID#              | FS<br>Staff | Scheduled Date    | Payment Amt                    | CFO<br>Initial     |
|------------------------|----|-----------------------------------|-------------|-------------------|--------------------------------|--------------------|
| <u>11/21</u>           | 1  | <u>26 Cor Psych S FORM MH 925</u> | <u>CR</u>   | <u>11/21/2025</u> | <u>1,679,758.<sup>00</sup></u> | <u>[Signature]</u> |
|                        | 2  |                                   |             |                   |                                |                    |
|                        | 3  |                                   |             |                   |                                |                    |
|                        | 4  |                                   |             |                   |                                |                    |
|                        | 5  |                                   |             |                   |                                |                    |
|                        | 6  |                                   |             |                   |                                |                    |
|                        | 7  |                                   |             |                   |                                |                    |
|                        | 8  |                                   |             |                   |                                |                    |
|                        | 9  |                                   |             |                   |                                |                    |
|                        | 10 |                                   |             |                   |                                |                    |
|                        | 11 |                                   |             |                   |                                |                    |
|                        | 12 |                                   |             |                   |                                |                    |
|                        | 13 |                                   |             |                   |                                |                    |
|                        | 14 |                                   |             |                   |                                |                    |
|                        | 15 |                                   |             |                   |                                |                    |
|                        | 16 |                                   |             |                   |                                |                    |
|                        | 17 |                                   |             |                   |                                |                    |
|                        | 18 |                                   |             |                   |                                |                    |
|                        | 19 |                                   |             |                   |                                |                    |
|                        | 20 |                                   |             |                   |                                |                    |

**CPS Healthcare INVOICE TO SUFFOLK COUNTY**

INVOICE NUMBER: **SFORMMH9-25**

INVOICE PERIOD: **SEPTEMBER2025**

TODAY'S DATE: 10/6/25

TO: SUFFOLK COUNTY, BOSTON  
NSJ AND SBHOC

FOR: Medical and Mental Health Services

FROM: Correctional Psychiatric Services  
300 Congress St. 405 Quincy, MA 02169

Healthcare Coverage:

**SEPTEMBER2025**

**\$1,679,758.33**

00  
\* per contract  
x per Contract

**Total:**

**\$1,679,758.33**

PLEASE MAKE CHECK OR DIRECT DEPOSIT PAYABLE TO CORRECTIONAL  
PSYCHIATRIC SERVICES

**INSPECTION AND COMPLETION CERTIFICATE**

I hereby certify that the services/goods specified above  
have been performed/received and inspected by me on  
the date(s) specified, that the quantities of materials are  
correct, and that performance and quality are  
satisfactory as noted. Date: 10/17/25

Rachelle Steinberg

Authorized Signature

**Jorge Veliz., MD.**

**Correctional Psychiatric Services**

**300 Congress St. 405 Quincy, MA 02169**

**1.617.794.9977 (cell) (781) 8488-CPS (fax/phone).**

**www.cpshealthcare.org Jveliz@cpscorporate.org**

# September-HOC 2025

| GROUP 1 STAFFING Category    | Contract FTE | Actual FTE | GROUP 2 STAFFING Category   | Contract FTE | Actual FTEs |
|------------------------------|--------------|------------|-----------------------------|--------------|-------------|
| Health Service Administrator | 1.0          | 1.00       | Dental Assistant            | 1.0          | 1.00        |
| Director of Nursing          | 1.0          | 1.00       | Discharge Planner           | 3.0          | 3.00        |
| Medical Director             | 1.0          | 1.00       | Aftercare Coordinator (HOC) | 1.0          | 1.00        |
| MAT Supervisor               | 1.0          | 1.00       | RN/LPN/Med Tech             | 24.0         | 21.40       |
| RN - Nurse Manager           | 1.0          | 0.60       | Phlebotomist/CMA            | 2.0          | 2.00        |
| Mental Health Director       | 0.5          | 0.50       | AA                          | 1.0          | 1.00        |
| Psychiatrist                 | 0.4          | 0.40       | Medical Records             | 1.5          | 1.00        |
| Dentist                      | 1.37         | 1.30       | PT/PTA                      | 0.6          | 0.20        |
| NP/PA                        | 4.0          | 2.60       |                             |              |             |
| OB/GYN Provider (HOC)        | 0.2          | 0.20       |                             |              |             |
| Optometrist                  | 0.2          | 0.20       |                             |              |             |
| Psychiatric NP               | 0.75         | 0.75       |                             |              |             |
| Mental Health Clinicians     | 7.0          | 6.60       |                             |              |             |
| Staff Group #1 -Total FTE    | 19.42        | 17.15      | Staff Group #2 -Total FTE   | 34.1         | 30.6        |
| Total Staff Group# 1 Filled  |              | 88%        | Total Staff Group# 2 Filled |              | 90%         |
| Total Staff 1 Vacancy %      |              | 12%        | Total Staff 2 Vacancy%      |              | 10%         |

30 days open- Group 1 = 0% offset | Group 2 = 0% offset

Nursing 3

PT/PTA .4

Nurse Manager .4

\* No offset Fees \*



- 6.1. Service Provider shall provide contract manager, or designee, with a monthly staffing schedule prior to the first of each month.
- 6.2. Service Provider shall provide contract manager, or designee, with group schedules as updated and/or requested.
- 6.3. Service Provider shall maintain attendance lists/rosters after input into the OMS system.
- 6.4. Service Provider shall ensure staff are inputting client meetings into the OMS system as well as other required information required by SCSD.
- 6.5. Service Provider shall maintain for SCSD all client notes and files for audit compliance. These files should be maintained in the office(s) utilized by staff or sent electronically to the contract manager.
- 6.6. **Staffing and Vacancy Reports**

The Contractor shall provide SCSD with punch reports for all staff on a monthly basis with the invoice. The Contractor is responsible for ensuring hours worked are accurately reflected on the punch summaries. Along with the punch summary, the Contractor shall provide the staffing matrix with calculated percentage of filled and vacant positions.

The Contractor shall provide with each monthly invoice the prior month's staffing hours for all positions, staffing shortages, updated schedules, and position vacancies to include terminations and/or resignations that occurred. Vacancy reports shall include the date the position became vacant as well as the name of hired candidate with pending start date, if available.

The Monthly Staffing and Vacancy Reports will be used to determine the Group Staffing Adjustment to be made per each group (See Section 6.7 for Staffing Lists).

For the purpose of the Group Staffing Adjustment, in the event that any such Personnel position is vacant, and the total staffing percentage is below 85%, per group, the SCSD may offset the monthly invoice using the following table to determine the percentage to be offset:

*\* September 2025- HOC \**

| Staffing Percentage* | Group 1 Offset<br><i>88%</i> | Group 2 Offset<br><i>90%</i> | Potential Offset Total to monthly invoice |
|----------------------|------------------------------|------------------------------|-------------------------------------------|
| 85% or greater       | 0%                           | 0%                           | 0%                                        |
| 84% to 80%           | 3%                           | 2%                           | 5%                                        |
| 79% to 75%           | 6%                           | 4%                           | 10%                                       |
| 74% to 70%           | 12%                          | 8%                           | 20%                                       |
| 69% or less          | 15%                          | 15%                          | 30%                                       |

\* Percentage rounded to whole number

# September-NSJ 2025

| GROUP 1 STAFFING Ca                | Contra      | FTE          | P 2 STAFFING Ca                    | Contract    | FTEs         |
|------------------------------------|-------------|--------------|------------------------------------|-------------|--------------|
| Health Service Administra          | 1.0         | 1.00         | Dental Assistant                   | 0.6         | 0.60         |
| Director of Nursing                | 1.0         | 1.00         | Discharge Planne                   | 1.0         | 1.00         |
| MAT Manager                        | 1.0         | 1.00         | Aftercare Coordin                  | N/A         | N/A          |
| Medical Director                   | 0.5         | 0.50         | RN/LPN/Med Tec                     | 19.0        | 16.80        |
| RN - Nurse Manager                 | 1.0         | 1.00         | Phlebotomist/CM                    | 1.0         | 0.50         |
| Mental Health Director             | 0.5         | 0.50         | AA                                 | 1.0         | 1.00         |
| Psychiatrist                       | 0.6         | 0.60         | Medical Records                    | 1.0         | 1.00         |
| Dentist                            | 0.6         | 0.60         | PT/PTA                             | N/A         | N/A          |
| NP/PA                              | 3.0         | 2.90         |                                    |             |              |
| OB/GYN Provider (HOC)              | N/A         | N/A          |                                    |             |              |
| Optometrist                        | 0.2         | 0.20         |                                    |             |              |
| Psychiatric NP                     | 0.25        | 0.25         |                                    |             |              |
| Mental Health Clinicians           | 4.0         | 2.00         |                                    |             |              |
| <b>Staff Group #1 -Total FTE</b>   | <b>13.7</b> | <b>11.55</b> | <b>Group #2 -Total</b>             | <b>23.6</b> | <b>20.90</b> |
| <b>Total Staff Group# 1 Filled</b> |             | <b>85%</b>   | <b>Total Staff Group# 2 Filled</b> |             | <b>89%</b>   |
| <b>Total Staff 1 Vacancy %</b>     |             | <b>15%</b>   | <b>Total Staff 2 Vacancy%</b>      |             | <b>11%</b>   |

30 days open-

Group 1 = 0%  
offset

Group 2 = 0%  
offset

MHC 2

Nursing 3

\* No offset \*  
fees

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*\* September 2025- NSJ \**

| Staffing Percentage* | Group 1 Offset<br><i>85%</i> | Group 2 Offset<br><i>89%</i> | Potential Offset Total to monthly invoice |
|----------------------|------------------------------|------------------------------|-------------------------------------------|
| 85% or greater       | 0%                           | 0%                           | 0%                                        |
| 84% to 80%           | 3%                           | 2%                           | 5%                                        |
| 79% to 75%           | 6%                           | 4%                           | 10%                                       |
| 74% to 70%           | 12%                          | 8%                           | 20%                                       |
| 69% or less          | 15%                          | 15%                          | 30%                                       |

\* Percentage rounded to whole number



## Commonwealth of Massachusetts

Suffolk County Sheriff's Department  
PURCHASE ORDER

FY26 P.O. Date: 06/30/2025 E/R Ref.#: 0114381 P.O.#: 1021510

|                                                                                                                                                                                                                                                   |  |                                                                                                                                                                                                                                                                                                                                         |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>Vendor:</b><br>Correctional Psychiatric Services<br>P.O. Box 1229<br>Sherborn, MA 01770-1229<br>Tax ID: 043237028<br>Quote No:<br>RFRBD231098HOCSDS0280172<br>Contact Person: Jorge Velez<br>Contact E-mail Addr: ENTER CONTACT E-MAIL ADDRESS |  | <b>Ship To/Location:</b><br>Suffolk County House of Correction<br>(Deliveries: M thru F - 6 am - 1:00 pm)<br>20 Bradston Street<br>Boston MA 02118<br>Attention: Patricia Sullivan<br>(Facility) Division: HOC: 8111-27 Medical Services<br>Tel.#: 617-635-1000 x2038<br>Contact Phone#: 508-647-6864<br>Contact Fax: ENTER CONTACT FAX |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|

## THIS IS AN ORDER FOR THE FOLLOWING PRODUCTS/SERVICES:

| Qty. | Unit   | Description and Part#                                                                             | Unit Price   | Ext Price     |
|------|--------|---------------------------------------------------------------------------------------------------|--------------|---------------|
| 1    | EA     | Health and Psychiatric Services for the House of Correction and Jail FY25 Portion JUNE 30 2025    | 55,225.00    | 55,225.00     |
| 11   | Months | Health and Psychiatric Services for the House of Correction and Jail year 3 FY26                  | 1,679,758.00 | 18,477,338.00 |
| 1    | EA     | Health and Psychiatric Services for the House of Correction and Jail year 3 FY26 6/1/26-6/29/2026 | 1,624,537.00 | 1,624,537.00  |
| 1    | EA     | maintenance, repairs and replacement equipment for medical and dental. FY26                       | 30,000.00    | 30,000.00     |
| 1    | EA     | HCRC Groups FY26                                                                                  | 12,000.00    | 12,000.00     |
| 12   | months | MAT Managers FY26                                                                                 | 38,795.64    | 465,547.68    |

REMIT TO: SUFFOLK COUNTY SHERIFF'S DEPARTMENT

Financial Services Division

20 Bradston Street

Boston, MA 02118

Subtotal 20,664,647.68

Total 20,664,647.68

This purchase order is only valid for the listed goods and services that are delivered to the SCSD on or before the period-end date (FY 06/30/2026) or the contract end-date

Delivery Instructions: Deliver AS SOON AS POSSIBLE

Tax Exempt? YES

Terms: Net 45 (Business Days)

State Tax Exemption#: 046-002-284

SCSD FINANCIAL SERVICES:

Authorizing Signature:



Date: 6/30/25

Div. Code:

HOC: 8111-27 Medical Services

Budget (Approp):

89108800: Suffolk Sheriff

MMARS Code:

R21

NOTES:

As part of the Vendor's obligations in this contract, the Vendor acknowledges that they are bound to follow the guidelines and standards of the Prison Rape Elimination Act (28 C.F.R. 115).